

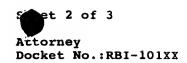
## **DECLARATION AND POWER OF ATTORNEY**

## As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an

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the spe	cification of w	nich (check d	one):						
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patent applica	y claim foreign por inventor's tion for patent tion on which properties.	certificate cor invento	listed r's cer	below and	have als	o identifi	ed below	any f	oreign
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below a disclos of Titl Title 3	y claim the ber and insofar as ed in the prior e 35 USC 112, I 7, Code of Fede pplication and	the subject United State acknowledge ral Regulati	matter es applic e the du ons, §1.	of each or cation in ty to dis	of the cla the manner sclose mate ch occurred	ims of the provided erial info	is application to the file in	cation irst par as defin ng date	is no agrap ned i of th
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**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Paul J. Hayes, Reg. No. 28,307 Victor B. Lebovici, Reg. No. 30,864 Albert Peter Durigon, Reg. No. 30,049

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: John L. Neumeyer City of Residence State or Country Country of Citizenship Wayland Massachusetts United States Post Office Address City State or Country Zip Code 1 Holiday Road Wayland Massachusetts Signature: (Please sign and date in permanent ink.) Date signed: X X

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Attorney
Docket No.: RBI-101XX

Full Name of Third Joint Inve	ntor:		
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Signature: (Please sign and d	Date signed:		

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Signature: (Please sign and da	Date signed:			

Full Name of Joint Inventor:				
City of Residence	State or Country	Country of Citizenship		
Post Office Address	City	State or Country Zip Code		
Signature: (Please sign and da	Date signed:			